

	DOCUMENT NAME	DOCUMENT NUMBER
	SCHEDULE 5 & 6 DRUG REGISTER COMPLIANCE REVIEW	

Standard: 2.3.1.1.3.1 – Medicine Control (Schedule 5 & 6)

Assessment Type: Document Review

Risk Rating: Vital Measure

✓ Instructions:

- Review the **Schedule 5 and/or Schedule 6 drug register** used at the practice.
- Check that **all required fields/columns** are completed for each entry.
- Score **1** if **all columns are consistently complete** with no omissions.
- Score **0** if **any information is missing** (e.g. missing date, dose, signature).
- Score **N/A** if no S5/S6 medicines are kept at the practice.

Required Fields in the Drug Register (Typical Format)

Ensure each of the following columns is **fully completed** for every transaction (dispensing, receipt, destruction):

Required Column in Register	Example of Expected Entry
1. Date of transaction	17/06/2025
2. Patient name or initials (where applicable)	“J.D.” or file number
3. Medicine name & strength	“Diazepam 5mg”
4. Quantity issued or received	“2 tablets dispensed”
5. Balance remaining in stock	“18 tablets remaining”
6. Prescriber's name & signature	Dr. N. Smith
7. Receiver's name & signature (if applicable)	Nurse or patient name
8. Reason for issue or entry	“Prescribed for anxiety”
9. Witness or second signatory (if applicable)	Required for destruction or stock return; optional in solo practice

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Register Review Table

Observation Item	Score (1/0/N/A)	Comments
Register is present and up to date		Most recent entry: [Insert Date]
All required columns are completed for each entry		Note any missing columns
No evidence of tampering, correction fluid, or backdating		Line-throughs signed and dated?
Witness/countersignatures present where required		N/A in solo practice?
Register entries match physical stock count (if checked)		Optional reconciliation

Scoring Summary

Total Score Maximum Score Compliance %

5

Not Applicable:

Score N/A if the practice **does not keep any Schedule 5 or 6 medicines** and note this clearly in the comment field.

Common Reasons for Non-Compliance:

- Missing patient initials or quantity issued
- Missing or incomplete signatures
- No running balance or errors in balance
- Destruction entries not countersigned

Auditor Name & Title: _____

Signature: _____

Date: _____